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A CASE OF PROGRESSIVE MUSCULAR SCLEROSIS, WITH A PAPER ON THE SAME.

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J. S., of Irish parentage, five years and two months old, was admitted into "The Children's Hospital" on the 2d September, 1870. To the age of three years he was quite a healthy child, but at about that period he began to move and act as though he had less strength than usual, and by degrees his mother came to acknowledge that such was really the case; this condition increased and the spinal column became very weak, and the "inward crook" of it was noticed by her.

Two weeks before admission he had a whitlow upon the fore-finger of his left hand, and one week before, he had a fall while attempting to run upon a sidewalk; from the first event the mother dated the special failing of his health, which she thought was increased by the second, and the evident decrease of his vital powers induced her to seek for him the benefits of the Hospital.

When first seen by the writer, the child was sitting in a corner of his bed, a soft pillow being behind him, he being in such a position that if a line had been carried from the end of the spine, over it, to the back of his head and continued on the same curve, it would have formed a circle, or nearly so.

On the day after admission, Dr. Webber saw the patient with me, and at once recognized the disease. We caused him to stand upon the floor, and he walked a few steps in a tottling or shambling manner. The spine presented a regular and exaggerated curve inward, from the third or fourth dorsal vertebra to the sacrum. This shape comes well under the name given by Duchenne—"saddle-back." A perfect picture of this child may be seen in Duchenne's book, électrisation localisée, 2nd edition, 1861, p. 355.

The head, while he was standing, and indeed while he was in any position which might have been called upright, gave to the spectator the idea that it was large and heavy, for the chin rested upon the sternum, and was inclined more to the right shoulder than to the left. A copy from Duchenne is presented.

The muscles of the calves were largely developed, and the nates *seemed* to be so.

Upon attempting to take food, or even water, there was always a great choking and inability to swallow, so that it may be said he took no nourishment. He died on the fifth day after admission, having had convulsions on the day of his death. There was no post-mortem examination, but he undoubtedly died of pneumonia.

The want of precision and completeness in the history of this case is owing to the incapacity of the mother, and not to any want of diligence on the part of the interrogator; such as it is, it seems to introduce a valuable paper on the subject of the disease, by Dr. S. G. Webber.

The name placed at the commencement of this article is that used by Jaccoud, and is expressive of the change characteristic of this disease. Other names proposed are: progressive paralysis with apparent hypertrophy; pseudo-hypertrophic paralysis; progressive myosclerosis; and by Heller

the long name "lipomatosis luxurians musculorum progressiva."

The first case of this disease was noticed only about twelve years ago. We have been able to find the records of only 41 cases; 21 in German, 13 in French, and 7 in English medical journals. Among the American journals which we have seen, no case has been recorded, though the disease has been described by Dr. Clymer. We have been able to find also the references to a few German cases.

As this disease has attracted considerable attention from foreign observers, and its true pathology is not settled, and as, so far as we know, no case has yet been reported in American Journals, the present opportunity is taken to call the attention of the profession to it, that other cases may be reported, and if possible some light may be thrown on its etiology and pathology. Careful autopsies are especially desirable.

Duchenne noticed a case of this disease in 1858, and during the next three years saw several others, so that when he published his work on electricity in 1861, he narrated one of them, and spoke of the disease under the name "hypertrophic paraplegia of childhood from cerebral cause." This name shows the theory which he then held in regard to the cause of the disease. This theory was subsequently abandoned for another. The accompanying wood-cut, which is copied from Duchenne's case, might have been drawn from our patient, so nearly does it resemble the peculiar attitude assumed while he was standing.

Duchenne continued to collect cases of the same affection, and in 1868 published a memoir in the Archives Générales, entitled, "Investigations in regard to pseudo-hypertrophic muscular paralysis or myosclerosic paralysis."

During the time between the appearance of these two articles, several cases were observed in Germany, and advance had been made by Griesinger, Wernich, Heller and Cohnheim, in the study of the pathology of the disease.

It cannot be said that this is a new disease, for cases were seen before Duchenne separated this from the other forms of paralysis which occur in children. But such cases were referred to some other head, or considered anomalies and no attempt made to classify them. The most celebrated observations before Duchenne's were four cases noticed by Edward Meryon. On referring to these there would seem to be room to doubt whether they were all cases of this disease; two seem to have been.

Duchenne, having examined twelve additional cases, published his memoir, founding his description of the disease chiefly upon his 13 cases. Some of his cases had terminated fatally, only two had improved, one of these is said to have recovered.

To Duchenne, then, belongs the merit of having first recognized this as a distinct form of paralytic disease.

The accompanying table will give an idea of how much has been done and how many cases have been recorded, and will give an opportunity of comparing the symptoms which were present.

From these cases, and from the account given by Duchenne, the symptoms may be described as follows:

The disease frequently commences in early infancy, before it is time for the child to walk. Of 41 cases where a tolerably full account of the origin is given, the statement is made in 11 that the child did not walk until late, from 17 months to 3 years, and then its walk was unsteady, accompanied with frequent stumbling and falls. If the child has begun to walk at the usual time, the disease commences "without pain and without previous fever, sometimes after convulsions; the child quickly becomes tired while walking or standing; soon he falls frequently; he can run with difficulty, or not at all, and finally becomes disinclined to walking, but desires to be carried." Soon the legs are separated from each other even while the patient is standing; the walk becomes peculiar, "at each step the body is inclined to the side whose foot is on the ground, hence they have a waddling gait." In cases where this gait is seen in healthy children it quickly disappears. "A very constant symptom is the presence, only while standing, or walking, of a lumbo-sacral curve." "A plumb-line falling from the most posterior spinous process, passed at a greater or less distance posterior to the sacrum." Duchenne considers this attitude due to the weakness of the principal extensors of the vertebræ. Later in the disease occurs bilateral equinus, which gradually increases in extent, and becomes equino-varus. The weakness and inability to walk increase until the patient becomes helpless.

The marked feature of this disease, which has given it its title, does not appear until some time after the weakness is observed. This is the pseudo-hypertrophy of certain muscles. Once only, case 35, is it stated to have been noticed with the other early symptoms, and in that case it is possible that the earliest symptoms had been over-

No.	Author and Reference.	Patient.	Age at time of Observation.	Age at commencement of Disease.	Time of beginning of hypertrophy.	Time during which hypertrophy increased.	Family History.	Electro-muscular contractility.	Deformity.	Results and Remarks.
1	Duchenne. Arch. Gen. 1868. 1. Case I.	M.	7 years.	Early. Did not walk till 2¼ years old.	Noticed at about 3 years.	During 2 years.	No one similarly affected.	Perfect.	Muscles of the legs and lumbar region enlarged. Arms small. Equino-varus.	At 13 years of age paralysis was complete. Died at 15 years of phthisis.
2	Ibid. Case II.	M.	5 or 6 y.	B'n with large limbs. Never walked.	Noticed in infancy.		None obtained.		Legs large. Arms & body emaciated	Sensation perfect. Intelligence weak.
3	Ibid. Case III.	M.	8 years.	Did not walk till 2½ years.		3–4 years.	Two brothers died of granular meningitis.	Unaffect'd	Gastrocnemii, glutei, lumbar, temporal masseter muscles large. Double equinus.	No pain, nor disturbance of sensation. Intelligence weak. At 11 yrs, arms affected, without hypertrophy and paralysis complete in legs. At 14 yrs, died of pleuro-pneumon.
4	Ibid. Case IV.	M.	9 years.	6 years.	5–6 mos. later.	About one year.	No similar disease in family.		Calves, buttocks and lumbar region enlarged.	At 13 years had lost all power over arms as well as legs.
5	Ibid. Case V.	M.	7½ years.	Did not walk till 3½ years.		Till 4 yrs. old.			Calves, thighs and lumbar region enlarged.	Intelligence weak.
6	Ibid. Case VI.	M.	10–11 y.	At 2½ years.	Noticed at 3–4 yrs. of age.	About two years.	No one affected.	Normal.	Calves, thighs and buttocks enlarged.	No pain, nor disturbance of sensation. At 14, paralysis became general.
7	Ibid. Case VII.	M.	8 years.	At 5 years, with convulsions.	A few mos. later.	About one year.		Diminished in paralyzed muscles.	Calves, buttocks and lumbar region enlarged. Also temporal muscle.	At 6 years, weakness of arms began. At 11 years, arms and legs entirely paralyzed.
8	Ibid. Case VIII.	M.		At 2½ years, with convulsions.	Some mos. later.			In 1862 not affected. In 1864 diminished or abolished.	Calves, buttocks and thighs enlarged.	In 1865, paralysis complete. Intelligence normal. Died of phthisis in 1866.
9	Ibid. Case IX.	M.	8 years.	At 7½ years, without fever or convulsions	3–4 mos. later.				Gastrocnemii slightly enlarged.	Cured in six months.
10	Ibid. Case X.	M.	8 years.	Began to walk at 17 months, but fell often, and rose with difficulty.	At about 4 years of age.	One year.		Normal.	Calves, buttocks and lumbar region enlarg'd. Arms small. Equino-varus.	Large head. Intelligence good. At 13 yrs., almost deprived of movement. Volume of hypertrophied muscles diminished.
11	Ibid. Case XI.	F.		Never strong; walked well till, at 10 years, she became weak.	Some time later.			Diminished in lower extremity.	Double equinus. Calves enlarged.	
12	Ibid. Case XII.	M.	10 yrs.	Did not walk till 26 months old.			Nothing similar known. Parent's and mother's children healthy.	Enfeebled.	All the muscles, except the pectorals, greatly enlarged.	Could walk to school, 1 kilometre, till 8 years old. Intelligence less than normal.

No.	Author and Reference.	Patient.	Age at time of Observation.	Age at commencement of Disease.	Time of beginning of hypertrophy.	Time during which hypertrophy increased.	Family History.	Electro-muscular contractility.	Deformity.	Results and Remarks.
13	Ibid. Case XIII.	F.	6½ yrs.	Did not walk till 2 years, but walked well. At 4½ to 5 yrs. fell frequently.	About 4½ to 5 years old.			Normal.	Legs and thighs enlarged slightly.	Precocious. No disturbance of sensation. Nearly recovered.
14	Heller. Arch. f. Klin. Med., i. 6, p. 616, 1866. Sch. Jahr., 1886, p. 286.	M.	11 yrs.	6 years.			Two analogous cases in the same family on the mother's side—brother and half-brother.	Rather diminished.	Lower extremities, with glutei, abdominal and spinal muscles, enlarged. Rest of body rather small.	Skin of lower extremities purple, marbled. Sensibility normal.
15	Ibid.	M.	16 yrs.	9 years.			Same as in No. 14. Brother to 14.	Abolished.	Same, in greater intensity. Some muscles in upper extremities enlarged.	Same, and also loss of intelligence. All 4 (14 & 15) dwelt in a damp, cold dwelling, unfavorable to health.
16	Wernich. Deu. Arch. f. klin. Med., ii. 2, p. 232, 1866. Schmidt's Jah. 1866, 4, p. 295.	M.	11 yrs.	Did not walk till 3 years old.	Began in 7th year.		Brother 5 yrs old showed beginning of same disease. Half-brother healthy.	By nerve irritation normal. By direct diminished.	Calves, tensor fasciæ latæ, sartorius, rhomboideus, infra-spinatus and deltoid enlarged; other musc. wast'd.	Sensation normal. Skin of forearm and leg marbled. Increase of fatty tissue between fibres of muscle.
17	Stoffella. Wien. Zeitsch., xxi., 1, p. 85, 1865. Schmidt's Jah. 1865, 4, p. 179.	M.	13 yrs.	Not long before first paralytic symptoms appeared after variola and measles.	A short time later.			Dimin. in aff. mus. & others. E-mus.sen. norm. or inc. in leg.	Calves, extensors of thighs, deltoid, triceipit, sacro-lumbalis, and longissimi dorsi, were hypertrophied.	No material change after several months' treatment by electricity.
18	Griesinger. Arch. d. heilkund, vi., 1, p. 1, 1865. Schm. Jahr., 1865, 4,	M.	13 yrs.	Weak, with slight thickening of legs in earliest childhood. At ten, became worse.	About 10 years.			Decreased.	Deltoid & the scapular muscles, those of arm, quadratus, lumbar and rect. abdom. affected.	Sudden twitchings in thighs; marbled surface in legs and arms, and cool.
19	Hoffmann. Ueber die sogenannte Muskelhypertrophie. Berlin, 1867. Canstatt's Jahr., '67, 2, I, p. 294.	F.	17 yrs.	In 11th year measles. In 12th year gradually unsteadiness, and inability to run.	In 13th year.		Parents and 1 brother healthy; 7 sisters dead, several from convulsions during teething.	In arms moderate. In legs dimin. In thighs good. Sensibility normal.	Muscles of calves enlarged. Atrophy of ant. edge of trapezius, more so on the right; so of deltoid and arm, of the subscapularis, latissimi dorsi and under part of trapez. Bones normal size. Saddle back.	At 12 years, lost power in right arm, and then in left arm. Muscles of lumbo-sacral region became weak at the same time. Skin of hand and leg mottled; leg cool. Atrophied and hypertrophied muscles weakened.
20	Seidel. Die Atropie Musculorum Lipomatosa (soge-	M.	16 yrs.	At 9 years pain in walking fast and jumping. Chills.	14 years.		This boy and the next two were brothers. There were 6 other children, who were not affected, though the youngest did	Dimin. in all the muscles.	Upper arm and thigh atrophied, leg and forearm hypertrophied. Equinus.	Scrofulous in early life; meas. & scarlat. With loss of power in feet, arms weak. Intell. good; little impr. by induc. cur.

21	nannte muskelhypertrophie, Jena, 1867. Centralblatt, 1867, p. 666. Canstatt's Jahr., 1867, 2, 1, p. 295. 3 cases.	M.	14 yrs.	At 11th or 12th year growth less than normal. At 13 yrs. weakness.	12 years.		not enjoy good health. The parents were healthy.	Dimin. in legs and biceps.	Deltoid, biceps and thigh atrophied. Triceps, brach. and calves hypertro.	No spontaneous twitching. Did not improve. For ½ yr. frontal headache. Temp. rather dim. in axilla. No change in sens.
22		M.	12 yrs.				Ditto.	Tib. ant. & flex. digit. com. long. dimin.	Left calf slightly enlarged.	This child was examined in the earliest stage. These 3 lived well, but eat little meat.
23	Roquette. Ueber die sogenannte Muskelhypertrophie. Inaug. Diss. Berlin. 1868. Canstatt's Jahr., '68, 2, 1, p. 268.	F.	20 yrs.	At ten could not run so well as before.	Next year.		No hereditary disease.	Dimin. in affected muscles.	Pectorals, latis. dorsi, serrati, and erector spinæ atrophied. Neck, thighs normal. Calves hypertrophied. Varo-equinus. Saddle-back.	Good dwelling; well nourished. No mental trouble. Catamenia in 15th year. At first anæsthesia. Hands weak for several years. Skin of legs marbled. Skin on the feet ichthyosis.
24	Benedikt. Elektrotherap. Wien. 1868. p. 188. Case 193.	M.	8 yrs.				Younger brother had the same.	Dimin. in legs and thigh. In outer part deltoid almost gone.	Both calves, flexor of thighs sacro-lumbar left, outer part both deltoids, most of muscles of leg hypertrophied.	Improvement in power of walking and running by galvanizing sympathetic. Hypertrophy not diminished.
25	Ibid. Case 194.	F.	8 yrs.					Glutæi, elec. mus. cont. dim. Sens. increased.	Both sacro-lumbal. atrophied. Both glutæi hypertrophied. Saddle-back.	Improvement by same means as previous case.
26	Ibid. Case 190.	M.	11 yrs.	After a fright at three years.					Most of those of the leg and pelvis, longissimi dorsi, especially left, hypertrophied. Club-foot.	Intelligence normal.
27	Ibid. Case 191.	M.	About 40 yrs.	Probably a few years sooner.				Dimin. in hypertro. and some mus. Elec. mus. sens. increased.	Thigh and pelvic muscles, anconeus left, both sacro-lumbalis, pect. maj. serratus ant. maj., especially right and abdominal muscles hypertrophied.	Formerly melancholia and epileptic imbecility. Hypertrophied muscles are paralytic. Sensation diminished in many places.
28	Ibid. Case 192.	M.	30 yrs.	Perhaps two years earlier.					Deltoid right, pect. maj., teres maj. & min., serrat. ant. maj. right, glutæi, add. of thigh & mus. of leg hyper. In 1 yr trap., supra-spin. right, hypertroph'd.	Pain and weakness in right shoulder, seemingly in the bones. Right side face redder and sweats more than left. Right pupil dilated. Sympathetic tender on pressure. Improved on galvanization and hypertrophy diminished.

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29	Eulenberg. Berlin klin. Wochen., ii. 50, 1865. Schmidt's Jahr. 1866, 1, p. 291.	M.	13 yrs.	At about five years began to walk unsteadily.			Healthy.	Retained.	Parts of legs, arms & body enlarg. Neck normal. Double varo-equinus.	Intell. & sens. norm.; at 10 or 11 yrs. saddle back; impr. by Faradiza. and gymn. Died at 13 of broncho-pneumonia.
30	Sigm. in Tub. Arch. f. klin. med., 1, 6, p. 630, 1866. Schmidt's Jahr., 1866, 2, p. 285.	M.	14 yrs.	Began to walk late & always unsteady.			Nothing similar.	Some of aff. mus. lost it. oth's w'k.	Lower limbs as high as glutei.	Skin of lower extremity marbled, purple and cool. No improvement.
31 & 32	Coste & Gioja. See Schmidt's Jahr., vol. 24, referr'd to in same, vol. 130, 1866, p. 265.	Two bro's.		At 10 years.					All four limbs.	One at 18, tongue and muscles of jaw hypertroph. Genitals not devel., and bones atroph. Other died of heart disease.
33	Lutz. Arch. f. klin. med., iii., 4, p. 358, 1867. Schmidt's Jahr., 1868, 1, p. 171.	F.	28 yrs.	In childhood, age not stated.			Uncle & aunt, mother's side, had do.; died at 42 & 43 yrs. Half-sister f'm mothr's 1st mar. had it; died at 6 yrs., of scarlatina.		Calves, and to back enlarged; arms and up. part body ema. face & neck normal.	Voluntary movement in lower extremity gone.
34	Ibid.	Sister to above.	22 yrs.	At an early period.					Only lower extrem. enlarg. Upper norm.	Parents of these two were related.
35	James Russell. Med. Times & Gaz., May 29, 1869, p. 571.	M.	11 yrs.	10½ years.	At once, in calves.		Grandmother had hemiplegia. Elder brother had progressive paralysis. Otherwise good.	Not all muscles respond.	Erector spinæ, hips & calves enlarged.	Legs ached, hands & feet numb. Legs mottled. Brother, mus. same appearance by microsc.
36	Ibid.	M.	10 yrs.	3-4 years legs failed.	Early in disease.	Until 6 years old.	Great uncle on mother's side paralyzed. 2 uncles walk'd till 9, then paralyz'd; died at 16 & 17 years. Rest of 8 living child. healthy; 3 died yng. Patient's mother had 8 liv. child., healthy at birth; 1 boy lost power at 4, died at 16. Another lost power at 9, died at 13; no hypertroph., but limbs wasted. 3 girls 4 to 8 yrs. old, healthy.		Calves enlarged.	No pains; never lost power of walking. Right hand grasps more feebly than left. Not dull.
37	B. W. Foster. Lancet, May 8, 1869, p. 629.	M.	9 yrs.	Weak in legs, walked at two years, stumbled much.	6 years.		Eight children, one died scarlatina; two boys older, two girls younger, healthy.	Unaffected.	Calves, erec. spin. enl. Thigh firm, not enl. Talipes equinus.	Dull intell. Arms always weak. Legs and arms mottled. Muscles of arms flabby.
38	Wm. Adams. Trans. Path. Soc. London, vol. xix., 1868.	M.	7½ yrs.	About six years old.			An elder brother 16 years old is unable to walk, helpless.		Calves, delt. & several of fore'm enl. thigh & arm small. Equi.	Dull intellectually, mischievous, dirty.
39	Ibid.	M.	11 yrs.							Unable to stand.
40	Dr. Hillier. Trans. Path. Soc. London, vol. xix., 1868.	M.	nearly 11 yrs.	Stood at 21 months old, & then walked imperfectly.	3 years.		Nothing similar.	No loss.	Calves enlarged. Erector spin. and quad. lumb. bulge.	No fits; no pain. 6 to 7 years, stumbled. At 10½ yrs. c'ld not stand. Arms wasted after 6 yrs.
41	D. Dyce Brown. Ed. Med. Jour., June, 1870, vol. xv., p. 1079.	M.	26 yrs.	26 years.	3 months later.				Thighs, calves, oblique, abdom., triceps, large. Also, later, glutei. Forearm and hand thin.	At first rheumatic pains in thighs. In eight months, gained five pounds.

looked. It is this apparent hypertrophy which tends to deceive the friends of the youngest patients, and causes wonder that a child with such well developed legs cannot walk sooner.

The hypertrophy usually attacks the muscles of the calves, sometimes the glutæi, and the lumbar muscles, less frequently those of the upper extremities, and once only was it almost general. Any muscle may be hypertrophied, but those of the lower extremities are more frequently so. While many muscles are thus enlarged, others are atrophied, and others partially paralyzed. Duchenne says, "In this disease all the muscles paralyzed are not always attacked with apparent hypertrophy, and the degree of paralysis is not in direct ratio to this hypertrophy."

The disease may remain stationary at this stage for many years, after which the weakness increases; the advancing paralysis is accompanied with emaciation, and, "finally, after having lived still one or two years in a state of marasmus and helplessness, these children are carried off by some intercurrent disease."

Accompanying the other symptoms, there is often a loss of intellectual power, chiefly when the disease commences in earliest infancy. Again, when beginning later, it is occasionally preceded by a high degree of intelligence.

The circulation is frequently materially affected, especially in the lower extremities. Duchenne did not notice this, but several other observers, German and English, have observed it.

Boys have been more frequently the subjects of this disease than girls. Of 45 cases, 7 only were girls.

The duration of the disease is rather indefinite. It is a chronic affection, extending over years, and rarely terminating until after, at least, five or six years. In two cases, 33 and 34, the patients were seen at the ages of 22 and 28 years. An uncle and aunt of theirs were said to have had the same disease, and died at 42 and 43 years. The cases which terminated fatally show that there is a tendency to die from some lung complication. Once heart disease was the cause of death, and a half-sister of one of the patients, whose case is only alluded to, died of scarlatina. The natural termination would seem to be by weakening the respiratory muscles to give rise to a predisposition to fatal lung affection.

Little is known as to cause. In only two cases is locality, damp and cold dwelling, mentioned as a possible cause. Duchenne states that in 20 years he had never seen any similar affection among adults, and, in the cases recorded by others, the beginning is generally referred to early childhood. In the two cases in adults mentioned by Benedikt, the origin is not directly mentioned, but it would seem to have been within a few years. The case reported by Dr. Dyce Brown, concerned an adult. These three are the only cases in which the commencement is not referred to childhood or infancy.

Duchenne found no proof that hereditary taint had any part in causing the disease. It will be seen, however, by the cases mentioned by others that there has been, in several instances, a tendency in certain families to be affected. In eleven cases, the disease existed in other members of the family. Two of these cases were brothers, and two were sisters; three others were brothers. In two cases there were nervous affections in other members of the family; in one of these a brother was paralyzed without hypertrophy, but with increase of fibrous tissue between the muscular fibres, as is found in this disease.

It is curious to notice that, although boys are more likely to be affected, when the same disease has occurred in the family it was on the mother's side rather than the father's. Cases 14 and 15, mother's brother and half-brother were similarly affected; cases 33 and 34, uncle and aunt on mother's side had the same, half-sister from mother's first marriage also affected; case 36, great uncle on mother's side had paralysis, perhaps the same, mother's two brothers were paralyzed at 9, and died at 16 and 17. These are the only cases where distinction is made between the parents.

In some cases the disease is probably congenital. Case 2 was born with large limbs.

Neither rheumatism, syphilis, scrofula, nor any other disease can be traced as the cause of this paralysis; generally, the patients, when attacked after the first dentition, had been healthy up to the time when the weakness of the legs was first noticed.

The condition of the hypertrophied muscles was ascertained in one case after death, in other cases by removing small portions, either by cutting down upon them, or by the "*emporte-pièce histologique*." There has been found an increase of the fibrous tissue between the muscular fibres; the latter have, in many cases, lost their striæ, though not becoming granular nor fatty. The fibrous tissue between the muscular

fibres is unnaturally adherent to the sarcolemma, and cannot be entirely separated from it. Some German observers have seen great increase of fatty tissue between the muscular fibres. The latter condition is generally considered only a later stage of the disease. The hypertrophy is dependent on this increase of intermuscular tissue and not on any increase in the muscular fibres, which have sometimes been found diminished in diameter; only once have I noticed the statement that they were increased in size. The atrophied muscles may also show similar increase of fibrous tissue.

Only once was the central nervous system examined with care by Cohnheim, and nothing was found.

Perhaps it is premature to say much yet in regard to the nature of this affection. Only one autopsy has been recorded, and that with negative results. Eulenburg, Duchenne and others, are inclined to refer it to an affection of the sympathetic, and considering the mottled condition which is frequently seen, it seems not unreasonable to do so. Also, that tissue is hypertrophied which is considered as most likely to be increased by a change in the flow of blood through a part from paralysis of the vaso-motor.

It would be of interest to study this disease in its pathological relations in connection with increase of fibrous and connective tissue in other parts, as sclerosis of the nervous centres, also in connection with one-sided hypertrophy and local atrophies.

So far as relates to treatment there is but little to be said. Duchenne relates the recovery of one, and the probable recovery of another patient, under the use of the induced current, shampooing of the muscles and hydrotherapeutics. Both these cases were treated in the earlier stages. Benedikt used the constant current, applying the copper pole to the lower cervical ganglion, and the zinc pole to the lumbar region. Two cases improved under this, one of them also having the separate muscles faradized. In another case the current was applied only to the cervical portion of the sympathetic. There was also marked improvement in this case, amounting almost to a cure. All other measures prove unavailing.

Note.—After reading the above case before the society, it was stated, by some of those present, that the boy had been seen at the Boston Dispensary several times, and the case was there supposed to be tetanus. Dr. O'Connell, who saw the boy, made a record of his case, from which the following items are taken:

"The boy was first seen August 1st, with a superficial ulceration of the middle finger of the left hand, arising from a splinter. About August 20, there was noticed a stiffness of the neck, apparently an ordinary case of torticollis." About August 24th, he fell three times, and at about the same time, though subsequently to the falls, the mother noticed a peculiarity in his walk, and stiffening of the body. This stiffening continued to increase without any spasmodic action, and at the date when the notes were made, August 31st, there was "a constant state of opisthotonos," the torticollis being aggravated, "the chin being drawn down to the chest, and any attempt on his part to raise the head resulting only in a bending of his back still more. Now, it is only by a very struggling effort that he can balance himself on his legs. When he tries to stand, the opisthotonos is so decided that it almost pulls him over on to the ground. His abdomen is thrown forward; his legs are spread in his effort to sustain himself, and he has not, within the last few days, had sufficient command of himself to be able to walk at all. The muscles on the back of the neck and along the back are rigid and tense, those on the right side of the neck forming a hard swelling behind." "There is not any spasmodic action. The muscles involved persist in their action without any relaxation."

This is a graphic description of the appearance of a patient attacked with muscular sclerosis. The gradual advance of the inability to stand, the falling, the peculiar stiffness of carriage, the hypertrophy, and tension of the muscles of the back and neck, which, though apparently powerful, and seemingly strongly contracted, are in reality too weak, and hence the bending of the body, as if in a state of opisthotonos; the projection of the abdomen, upon the muscles of which devolve the duty of sustaining the patient, the bending forward of the head for preserving the centre of gravity, and the increase of the lumbo-sacral curve on raising the head. This unnatural posture disappears when the patient lies down. Though not mentioned in the notes, Dr. O'Connell told me that it was so with this boy. The position of the head, drawn to one side, was due probably to the muscles on one side of the neck being affected more than those on the other side. Dr. O'Connell considered it, not a case of tetanus, but a condition of constant spasm,

due to the injury to the finger. Whether the finger had any part in accelerating the progress of the disease it is of course not possible to state, for the pathology of the disease is too little known to decide as to what would be the effect of such a condition. There is, however, no doubt, in our minds, judging from the above history and from the condition of the child when seen by us, that this was a case of muscular sclerosis.

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A CASE OF DELIRIUM TREMENS SUCCESSFULLY TREATED BY HYDRATE OF CHLORAL.

By WILLIAM S. BOWEN, M.D., Passed Assistant Surgeon, U.S.N.

MICHAEL BURKE, seaman extra, æt. 27, was received in the U. S. Naval Hospital at Chelsea, Mass., from the Navy Yard, Sept. 13th, 1870, suffering from a severe attack of mania a potû. He had been on a debauch for over a week, and for six days had not closed his eyes in sleep Physical prostration comparatively slight, but he had constant hallucinations of various kinds, amounting at times to maniacal delirium, so that he required constant watching to prevent him from jumping through the nearest window. Bowels constipated, great nausea, and total loss of appetite. Had been under treatment for three days previous to his entry in the Hospital, during which time opium, in its different preparations, digitalis, capsicum and infus. humulis, had been ineffectually used. Immediately after admittance, the patient was placed in a warm bath, at 98° F., and at 1, P.M., hydrate chloral gr. xxx. was given in solution, and an hour later gr. xx. more, as the first dose had no apparent effect. At 4½, P.M., patient expressed a desire for nourishment, but his stomach was unable to retain a pint of strong beef tea, seasoned with capsicum, that was given. At 8½, P.M., he became more excited and the hallucinations increased. Hydrate chloral ʒi., in water flavored with ol. menth. pip., was administered. Five minutes after, he was seized with convulsions similar to those of a person partly under the influence of ether or chloroform, and he unconsciously passed a large quantity of urine; this was followed by profound sleep, from which he did not awaken until 7½ o'clock the next morning, when he immediately expressed a wish for his breakfast, and was able to retain a hearty meal. He then had several hours more sleep, and the next day was free from all disturbance, save severe pains in the limbs, caused by wrenches in his previous struggle with the nurses. The hallucinations and gastric irritability disappeared after the first period of sleep. This,

with the other cases reported in the Medical Journals, certainly goes a great way to prove the efficacy of this new remedy in the treatment of mania a potû.

Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY, DAVID F. LINCOLN, M.D.

MAY 14th, 1870.—The Society met at the house of Dr. Parks, at 7½, P.M.; the President, Dr. Buckingham, in the chair.

Dr. Buckingham read Dr. Swan's notes of a case of *placenta prævia* as follows:

"Sept. 5, 1869. Mrs. ——, æt. 34, primipara. *Placenta Prævia.*—The patient's physician being sick, Dr. Buckingham was engaged. He was called to the patient about 1, P.M., in consequence of the occurrence of hæmorrhage. There had been other hæmorrhages from time to time. Patient's time was not up till the 25th inst. Dr. B. sent for me to assist. There had been no pain. The *os uteri* was dilated sufficient for the admission of two fingers. The placenta was felt, and no presentation could be made out in the ordinary way. I gave ether to full etherization. The patient took it quietly, and was not long in being etherized. Dr. B. then introduced the hand into the uterus, separating the placenta posteriorly (patient lying on left side), seized the first leg presented, which happened to be the left, and brought it down. The head had been presenting normally, and was already in the upper part of the pelvis. Version was easy on account of a certain amount of *liquor amnii* left. (A portion was noticed at the time of the hæmorrhage on the napkins, thus adding to the evidence that labor was commencing.) The breech was brought out by traction upon one leg, the other, flexed upon the abdomen, served to dilate the external parts and better prepare the way for the head. The arms were brought down before the head. The proper degree of rotation with traction in changing directions at length brought the head. The child, a large male, was born alive. The hand was immediately introduced, and the placenta, a battledore, at once removed. During this time the ether had been omitted, and I was engaged making firm pressure upon the *fundus uteri* and retaining the pressure after delivery. After this Dr. B. for a considerable time retained the fundus in the same way. The pulse was 70–76, rather soft. The amount of blood lost at the time of delivery is estimated at a quart. Patient continued to flow afterwards, and once Dr. B. removed a considerable quantity of coagulum from the uterus which, though obeying tolerably the pressure of the hand, would not remain contracted. Patient had had morphia and fluid extract of ergot, and it had been stated that she had eaten no dinner. After more morphia, ergot and whiskey, she vomited a pint of undigested food, partly boiled corn. This accounted for the fact that her medicines seemed to have no effect upon her. In spite of every effort, compression, ergot, morphia, &c., she continued to lose blood, her pulse grew weaker and fainter—so rapid and so soft that it could not be counted at the wrist, and finally small, thready and fluttering; skin cold and wet; lips alternately red and pale, with, on the whole, very little color in cheeks; increased restlessness, tossing violently about, clenching her hands, delirium, and, finally, death—not convulsive. After delivery, she made marked complaint of pain in back. Dr. B. has found this a frequent indication of hæmorrhage. She died about two hours after delivery.

"The foregoing is a verbatim copy of my record of the case, made, I think, on the following day, possibly on the evening of the occurrence.

"CHAS. W. SWAN, M.D."

The following are Dr. Swan's notes concerning the case of the child.

"Sept. 7th, 1869. 9, A.M.—Well, apparently, till yesterday evening, when it had symptoms of dying—lividity, absence of respiration for long intervals; would revive occasionally. This morning life seemed to be coming and going. Pulse at times down to 36, again up to 120, regular in the quarter minutes. Nothing abnormal by auscultation excepting an occasional double beating. Coarse mucous râles heard during auscultation of heart. Absence of respiration for several minutes; restored with occasional gasps, passing into more regular but more or less labored breathing.

"Dr. B. attending the patient. The child was supposed to be dead at one time this morning. Dr. B. was sent for, was out, but was at the patient's house when I arrived.

"The child died during visit with Dr. B. in the evening."

Dr. Parks read from "Barnes's Obstetric Operations" Dr. B.'s theory of uterine zones, and the author's objections to certain views regarding the cessation of hæmorrhage after detachment of the placenta.

Dr. Homans reported the following case:

Collapse following Normal Labor.—A woman, 18 years old, primipara, at full term. Labor lasted 24 hours; the pains were steady, severe and fatiguing.

Four hours before delivery, the os was of the size of a dollar; there was no show; the vagina was dry, hot, and very tender. In two hours more, ether was given in moderate quantities. The child when born weighed eleven pounds; the placenta followed in a very few minutes, and there was but little discharge of blood or liquor amnii. Dr. H. sat at the head of the bed a few minutes, when, suddenly, the patient was observed to be very weak, her pulse being 140; yet the uterus was contracted firmly, there was no hæmorrhage, nor could anything wrong be detected in the vagina by the touch. Brandy was given frequently, with 20 drops of laudanum at intervals, the whole quantity given amounting to two drachms of the latter, and one quart of the former, during the ten hours following delivery; champagne, beef tea and milk were also taken freely. Stimulation was kept up for five days, during which period the patient was not allowed to sleep more than one hour at a time, as she seemed to lose strength if a longer interval elapsed without taking food. At the end of this time she was convalescent. Nothing abnormal was found, upon auscultating the heart, and the patient was perfectly healthy in other respects.

Dr. Fifield spoke of the frequency with which such cases of shock occurred, although the subject was one which had been little spoken of. In a case of his own, he performed craniotomy in the woman's second confinement; in the third, he turned, but had to open the occiput before delivering; there was severe peritonitis, from which the woman recovered. In the fourth labor, Dr. F. turned as soon as the os was dilated. Having completed delivery, the uterus being well contracted, and the pulse and general condition good, he left the patient; but on returning after two hours he found her dying. There was no hæmorrhage, external or internal, yet she died in half an hour.

The method of *turning by one or two fingers* had long been advocated by Dr. Robert Lee; Barnes does not give him sufficient credit for this. Dr. Fifield said that he himself had twice used the bipolar method of turning, with perfect success.

Distention of the Bladder an indirect cause of Hæmorrhage.—When this organ is full, Dr. F. remarked, the uterus will not contract normally. When there is any bleeding from the womb after delivery, he usually finds advantage in passing a catheter. As an instance of this he mentioned a case of twin-birth, where, after delivery, the uterus kept alternately contracting and dilating; the woman lost much blood and became faint. The uterus reached as high as the navel. There was a singular tumor in the right groin. It was said that she had passed water freely; but the catheter was introduced and two or three quarts of urine were drawn, upon which the uterus contracted immediately. The observation was original upon the part of Dr. F., but he subsequently found that Earle had published the same fact.

Dr. Buckingham finds that the quantity of urine after rapid labor, is small; but when labor is severe and protracted, the quantity is usually large.

Dr. Fifield mentioned a case where he was sent for to perform craniotomy. He drew off a large quantity of urine from the bladder of the patient, whereupon the uterus immediately contracted, and the head passed with ease in ten minutes. In another case, complicated by a large abscess in one labium, the forceps was used, the placenta was adherent and had to be removed, and the consequent hæmorrhage was tremendous. The use of the catheter seemed to aid the contraction of the uterus.

The amount of urine present is sometimes very small. In an ordinary case of rapid labor, if *sure* that it had been recently voided, he might not insist upon catheterization; but as an almost invariable rule, he passes the instrument after delivery.

Dr. Buckingham suggested that the quantity of urine might perhaps be greater when ether had been inhaled.

Dr. Minot reported the favorable termination of the case of placenta prævia, of which he had spoken at the previous meeting. There was no profuse hæmorrhage. On the 15th of June, the head was found presenting, and the placenta partly floating on the right margin of the os. Dr. Putnam was called in consultation. A good dose of ergot was given, the membranes were ruptured, and forceps applied. The mother and child did well.

Dr. Curtis spoke of a girl at the Massachusetts General Hospital, who, two years ago, when only 13 years old, bore a child. She menstruated at twelve.

Dr. Abbot mentioned the case that occurred at the Monson Alms-house a few years ago; the mother was eleven years old, and the father sixteen.

STATE MEDICAL SOCIETY OF CALIFORNIA.

Our brethren in California, being desirous of resuscitating and placing on a firm footing the old State Medical Society, met recently in San Francisco and took measures to carry out their object. A permanent organization was formed, Constitution and By-laws adopted, and the following board of officers elected :—

President—Dr. T. M. Logan, Sacramento. *1st Vice-President*—Dr. Harris, San Francisco. *2d Vice-President*—Dr. Pinkerton, Oakland. *3d Vice-President*—Dr. Ord, Santa Barbara. *4th Vice-President*—Dr. Shurtleff, Stockton. *5th Vice-President*—Dr. Hoffman, San Diego. *Corresponding Secretary*—Dr. G. Hewston, San Francisco. *Recording Secretaries*—Dr. H. Gibbons, Jr., San Francisco, and Dr. Nixon, Sacramento. *Treasurer*—Dr. A. B. Stout, San Francisco. *Censors*—Drs. Hatch, Simmons and Nixon, Sacramento; Dr. Soule, San Francisco; Dr. Simpson, Grass Valley; Dr. Hayes, Los Angelos, and Dr. L. Robinson, Santa Clara.

At an adjourned meeting the following resolution was offered—"That all persons of either sex possessed of the qualifications prescribed by the Constitution be allowed to become members of this Society." A motion was made to refer the whole subject to a committee of five, to report at the annual meeting. This caused some discussion, and finally the matter was tabled indefinitely.

The following preamble and series of resolutions in relation to Medical Rank in the Navy, were then introduced, and, after a speech by Dr. Babcock, lately of the United States Navy, unanimously approved and adopted by the body:

Whereas, Of late repeated and persistent insults have been offered our professional brethren in the United States Navy, by the authority of the Navy Department, degrading them in rank and position; lessening by example the respect due their profession and contracting their sphere of usefulness; and,

Whereas, In every civilized community throughout the world, save in our Navy, the profession of medicine is considered, at least, equal in dignity and respectability to any other profession: and,

Whereas, In our service the members of the Medical Staff are selected by competitive examination from among the graduates of our medical schools, while the line officers are selected to be educated at the country's expense from among the uneducated boys of the community, by favoritism, by relationship, or, as has lately been proven, by purchase; and

Whereas, Rank and command are distinct ideas, having no necessary connection; there being a recognized necessity for *one* commander in all military operations, to whom the other officers are subordinate for the time being; and

Whereas, If physical courage and personal exposure are the only tests of merit, no corps can show, during the late war, for example, a larger proportion of killed by the enemy, by fire, by water, or by the more deadly and insidious foe—disease, than the medical officers of the Navy; therefore be it

Resolved, That we consider the stigma to which they have been subjected as applying to the profession at large, and while it is unremoved we consider that no young medical man having a proper regard to his self-respect, can accept an appointment in the medical corps of the Navy and subject himself and his profession to the indignities which the self-constituted and newly born "Aristocracy of the Line" impose.

Resolved, That we view with pain and sympathy the position of the senior officers of the Medical Corps, whose long service now renders it impossible for them to resign and commence life anew; and we call upon our Senators and Representatives in Congress to recognize their position as co-equal with the highest in the service, by giving them military rank, such as is justly enjoyed by the Medical Staff of the Army, and by that in the services of each of the civilized nations of the world, together with such increased emoluments and promotions as will recognize their invaluable services to our country, and recompense them for the insults and oppression to which they have most unjustly been subjected.

Resolved, That a copy of these resolutions be sent to each Senator and Representative from this State, and that our delegates to the National Medical Association be instructed to bring this subject before that body for its action.

CULTIVATION OF CINCHONA IN INDIA.—The cinchona tree is successfully produced in Madras and Bengal. The number of plants at Darjeeling, on an area of 900 acres, exceeds 3,000,000, the increase during the past year being 676,654. The tallest plants were 19 feet high.—*Medical Record.*

Selected Papers.

ON FAILURE OF VISION, FROM DISEASE OF THE RETINA, AS A SYMPTOM OF BRIGHT'S DISEASE.

By John Green, M.D., Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons.

It was observed by Dr. Addison, more than thirty years ago (*Guy's Hospital Reports*, vol. iv., 1839), that the grave cerebral troubles which arise in the course of Bright's disease are often preceded by nervous symptoms, among which he mentions headache, giddiness, and dulness of sight.

Ten years later, Prof. Landouzy, of Rheims (*Gazette Médicale* and *Annales d' Oculistique*, 1849), called attention to the very frequent coëxistence of amblyopia with Bright's disease, but it was vaguely referred to a cerebral origin, and classed among the nervous derangements incident to the progress of the malady.

In 1850, Türk, of Vienna, described certain changes in the minute structure of the retina in a subject who had died of Bright's disease, thus throwing the first light upon the pathology of the affection of the eye (*Zeitschr. der k. k. Ges. der Aerzte zu Wien*, 1850, No. 4, quoted from Arlt).

The discovery of the ophthalmoscope by Helmholtz, in 1851, followed almost immediately by its employment in the examination of the eye in disease, provided the means of studying the diseases of the choroid and retina in the living subject, and led to the speedy recognition, by many observers, of the pathological changes which had been demonstrated anatomically by Türk.

The morbid changes in the retina, as they appear when seen by the aid of the ophthalmoscope, have been admirably depicted by Liebreich (*Atlas d' Ophthalmoscopie*, Paris, 1863). An excellent description of the retinal changes, and a tolerable copy of one of Liebreich's plates, are contained in Mr. Soelberg Wells's late work "On Diseases of the Eye" (London, 1869), a book which is now readily accessible to American physicians, and to which, therefore, I would refer for a detailed account of the anatomical lesion and ophthalmoscopical appearances. My present object is to call attention to the fact that failure of vision may be the first symptom to attract the serious attention of the patient and his physician, and that, in such cases, the ophthalmoscopic examination of the eye may reveal changes in that organ, so conspicuous as to demand instant recognition, and so characteristic as to constitute a symptom of confirmed renal disease at least as conclusive as the detection of albumen in the urine.

In illustration of this point I have briefly to report four cases of Bright's disease in which the changes in the retina, as revealed by ophthalmoscopic examination, first aroused the suspicion of renal trouble.

Case I.—Dr. S., about 35 years of age, consulted me early in the autumn of 1866, on account of a very decided dimness of vision, which had been gradually increasing since he had first noticed it, a month or so before. He appeared much depressed in spirits, and was evidently in bad health, suffering from occasional severe attacks of pain in the back of the head, and having had several attacks of an epileptiform character. His extreme nervousness made it difficult to obtain any very satisfactory history of his case, nor could the friend who accompanied him give me much information.

The attempt to read revealed the fact that only large type (pica) could be distinguished, and that slowly and with difficulty. Examination by the test letters of Snellen showed that the acuteness of vision, as expressed according to this method, had become reduced to one-fifth or one-sixth of the normal. The pupils were quite small, and my proposal to dilate them by atropia was declined through fear of possible temporary interference with the patient's professional work.

The ophthalmoscopic examination, made under this disadvantage, revealed marked deposit of white glistening exudation around the disc of the optic nerve, obscuring its outline; there was also decided swelling of the disc, with some extravasation of blood in the form of streaks radiating from the point of entrance of the central artery and vein. The region of the macula lutea could not be examined, in the contracted state of the pupils, owing to the strong reflection of light from the cornea, but the extent of the retinal surface occupied by the exudation was so great as to favor the diagnosis of *retinitis nephritica*, rather than double *neuritis* from intracranial pressure obstructing the return of blood through the ophthalmic veins.

The very serious nature of the case was explained to a professional friend of the patient, and at my request an examination was made of the urine, which revealed the presence of albumen in large quantity.

Dr. S. failed rapidly in health almost from this time; anasarca soon followed, and he died about four months after I first saw him. I was subsequently informed by an intimate friend of the patient that his sight became much worse a few weeks after I saw him, and that it afterwards improved, so that shortly before his death he could read common print with ease, an occurrence perfectly in accord with many clinical observations supported by accurate ophthalmoscopical studies.

Case 2.—J. H. McN., 40 years of age, residing in Crittenden Co., Arkansas, consulted me February 26th, 1868, in company with his physician, who had come with him to St. Louis. He was in rather feeble health and had been seen in consultation, with his physician, by two eminent practitioners of this city. Albuminuria was not suspected. The patient was referred to me for investigation of a recent failure of sight. The right eye had been lost as an organ of vision several years before, from an inflammatory attack of which he could give no intellegible history; this eye had, however, been recently inflamed for a second time, and it had been thought that the present failure of sight in the left eye might possibly be of sympathetic origin.

Vision was found to be reduced to about one-fiftieth of the normal, as expressed by Snellen's method by the use of test letters, and the ophthalmoscope revealed the characteristic picture of nephritic retinitis. The changes were especially marked in the region of the macula lutea.

A chemical examination of the urine was made on the spot; the quantity of albumen was so large as to form a firm jelly on the application of heat.

The further history of this patient is not positively known.

Case 3.—C. A. M., 25 years of age, had been near-sighted for many years (M= 1-9). His vision was nearly normal as measured by the power of distinguishing letters, but he had lately noticed an appearance as of a cloud before one of his eyes, which he attributed to over-work at his profession as a draughtsman. His very intelligent medical adviser suspected subretinal effusion as a consequence of the myopia, and referred the case to me for examination. The ophthalmoscope revealed the same retinal lesions as in the former case; the exudation being quite conspicuous in both eyes, but chiefly in the region of the disc of the optic nerve. The urine proved to be highly albuminous, but contained very few casts. Those observed were of the granular and large waxy varieties. * * * * Mr. M. died in the summer of 1869, about six months after the first detection of the nature of his disease.

Case 4.—Dr. C., about 55 years of age, an eminent physician of this State, consulted me August 4th, 1869, in company with one of the first physicians of this city, on account of failing sight. He could still see well enough to go about, but found it very difficult to read even in a strong light. He was not aware of any especial disease, although he considered himself as somewhat worn by the fatigues of practice and the heat of summer. The symptoms referable to the eyes were suggestive of cataract, and he was prepared for this diagnosis. The ophthalmoscope, however, showed that all the media of the eye were perfectly transparent, and that the defect in vision was the consequence of advanced retinal lesion in both eyes.

The diagnosis of albuminuria was communicated to the consulting physician, and was immediately confirmed by a chemical examination of the urine. The albumen was so abundant as to render the contents of the test-tube almost solid when heated.

I have received information that Dr. C. died three months after I saw him in consultation.

The four cases now reported sufficiently illustrate the most important features of the amblyopia of Bright's disease. The one constant subjective symptom is failure of vision, which may be so slight as scarcely to attract notice, or so great as to incapacitate the patient from guiding himself. This may appear at any stage of the disease, and may increase and diminish or even almost entirely disappear after having reached nearly total blindness, while the fatal malady is steadily marching onward to its inevitable termination. It is absolutely painless in all its stages, and is marked by no external sign of inflammation. Occasionally, as in case 4, in an elderly person with otherwise normal eyes it is very liable to be mistaken for incipient cataract, on account of the general similarity of the subjective signs in the two affections. In case 1, the coexistence of serious head symptoms naturally suggested the diagnosis of amaurosis from cerebral disease. Cases 2 and 3 seemed to point to local lesions of the eye, in the one instance to commencing sympathetic ophthalmitis, and in the other to choroidal and retinal changes dependent on the distention of the eye-ball incident to progressive myopia.

The diagnosis of albuminuric retinitis by

the ophthalmoscope is usually a matter of great simplicity. The principal source of possible mistake lies in the close resemblance which some cases of this disease bear to infiltration of the disc of the optic nerve and the retina immediately around it, occurring simultaneously in both eyes from obstructed venous circulation dependent on intracranial pressure from effusion, &c. Very recently, too, a case has been most carefully studied and reported by Dr. H. D. Noyes, of New York, in which the ophthalmoscopic appearances were absolutely identical with those which belong to albuminuric retinitis, but in which the disease was unmistakably not Bright's disease, but *diabetes*. This case, taken in connection with the microscopical investigation of the retinal changes in a case of diabetes observed by Treitz and reported by Arlt, leaves scarcely a doubt of the identity of the retinal affection, and goes far, therefore, to confirm the few earlier but somewhat defective reports of retinitis associated with glycosuria.—*Saint Louis Medical and Surgical Journal.*

Medical and Surgical Journal.

BOSTON: THURSDAY, NOVEMBER 17, 1870.

THE length of the leading article for this week obliges us again to resign our Editorial space.

"MEDICO-LEGAL BEARINGS OF CHLOROFORM."

THROUGH recent numbers of the London *Medical Times and Gazette*, the profession has been apprised of a coroner's verdict at Yokohama in the case of a death from chloroform—a verdict which the practitioners of Shanghai received "with astonishment and consternation." The administration was resorted to in a case of dislocation of the shoulder, and resulted in death before the reduction was attempted. It is the old story of "a spasm and cessation of the heart's action," failure of "restoratives," and death. The verdict returned was "death from the effects of chloroform administered without proper degree of care," which, says the *Times*, "is in fact a verdict of manslaughter, and the surgeon who administered the chloroform has been committed for trial, but liberated on bail in the sum of five thousand dollars."

Thus the public in that distant country have taken the initiatory steps to protect themselves from what has been mildly termed "unncessary hazard." We feel for the unhappy practitioner, who has thus fallen a victim to his countrymen's foolhardiness; and we hope that he will be acquitted, though we cannot agree with the *Times* that no blame fairly attaches to him. No instance is known of a death caused by sulphuric ether under similar circumstances, while nearly four hundred of those recorded killed by chloroform "were in rude health" (Kidd); and "a death from chloroform," says Bennett, "is one of the most dreadful things that can occur." "Chloroform kills because it does kill," says Richardson. "If it kills, it is because it is in its nature a poison," says Petrequin. Why then should not a practitioner be held responsible for administering a lethific agent when its administration is an *unnecessary* hazard, and when, too, according to the *Times* itself, a fatal result is "an *accident* which is *by no means very uncommon*, which has *happened to the most experienced surgeons and 'chloroformists,'* and which *no skill* and *no precautionary measures could prevent.*"

The italics in the preceding sentence are ours, and are intended to fix the attention of the reader upon the apparently unconscious admission of the *Times* of the truth of the principal alleged objections to the use of chloroform for anæsthetic purposes. While admitting thus much how can the *Times* with any reason exclaim that "it is monstrous that a Medical Practitioner should be put upon his trial because he is the subject of an accident" such as this? We hope the "consternation" will reach the united kingdom and convince medical men there that there is danger to the practitioner as well as to the patient in the unnecessary administration of chloroform for anæsthetic purposes. And let those on this side of the water heed the lesson.

MEDICUS.

OUR ENGLISH AND IRISH EXCHANGES come to us this week in a state so nearly approaching disorganization, that we are led to investigate the cause. We find that the retaining thread which has hitherto bound together the various sheets of the foreign periodicals has been cut by an absurd order from the British Postal Department, a species of red tapeism which is, to say the least, a matter of inconvenience to the readers of the Journals. In future all stitched periodicals are excluded from the mail rates provided for newspapers, and our cotemporaries are forced to incommode their patrons or else subject them to an exorbitant postage rate.

Medical Miscellany.

CONVENTION OF VOLUNTEER SURGEONS.—Surgeons of Volunteers, Regimental Surgeons and Assistant Surgeons, A. A. Surgeons, &c., who served in the Army of the United States, during the late war, are requested to convene in the City of Washington, D. C., on Thursday, 15th December next, at 12, M., for the purpose of completing the organization of the National Society of Volunteer Surgeons.

CHRIS. C. COX, M.D., *President.*
T. B. WOOD, M.D., *Secretary.*

MYELITIS.—Dr. Oxley, of Liverpool, mentions a case of Idiopathic Myelitis, in which the patient, a boy of eleven, had pains commencing in the small of the back round to the umbilicus. The pains were worse at night. Micturition frequent; walking gave great pain; pulse 120; bowels costive; skin red over lower dorsal vertebræ. Priapism, and incontinence of urine was followed by paraplegia and anæsthesia extending to seventh intercostal space. Bedsores over sacrum and trochanters. On *post-mortem* examination, inflammatory lymph extending over lower portion of spinal cord was found. Nothing abnormal was observed, on laying open membranes, but a longitudinal incision of the cord showed white softening for half an inch, opposite fifth dorsal vertebra, and on section, whitish fluid exuded. The bladder, firmly contracted, had an abscess at its upper part. Ureters much dilated, and pelvis of kidney enlarged and ulcerated. This is a very interesting case.—*Dublin Med. Press and Circular.*

PRUSSIAN MILITARY PUNISHMENTS.—The mistaken persons in our own country who cannot distinguish philanthropy from maudlin sympathy with culprits who are submitted to the punishments set down by the law, will, perhaps, think better of the mild discipline to which English prisoners are subjected, when they compare their treatment with that to which soldiers are submitted in the Prussian army. It appears that, in time of peace, severe arrest consists of confinement in black darkness, with the ground for a bed. Bread and water is the fare in each case. It cannot be ordered for more than five weeks, it being reckoned that longer confinement of the kind is calculated to undermine the constitution. Severe arrest is impracticable in war time in the enemy's country. For it is substituted the punishment of "tying to a tree." Two hours on the tree is reckoned equivalent to twenty-four hours' severe arrest, and the maximum of this punishment is also four days. The punishment undoubtedly is severe. The prisoner is tied round the tree by the arms, by the waist, and by the feet, so as to be unable to touch the ground as a support; and his face is turned to the tree that he might see nothing.—*Ibid.*

WE hope none of the residents of our sister city will be driven from their homes by the item of news (?) reported by our Dublin cotemporary that "yellow fever prevails in New York."

INJECTED PLACENTÆ.—Dr. Jas. T. Whittaker, Cin., Ohio (*Am. Journal of Obstetrics*), in his voluminous prize essay on "The Morbid Anatomy of the Placenta," states that the museum of Prof. Hyrtl, of Vienna, contains the most wonderful collection of injected placentæ—over 200 specimens.—*Med. Record.*

NOTICE.—The attention of subscribers is requested to the bills which they have lately received, or will soon receive, in their copies of the JOURNAL. To those out of the city the mail furnishes generally the best mode of remittance. When any large amount is to be thus remitted, either drafts or post-office orders should be made use of. Receipts will be returned to subscribers in the No. issued next after receiving the money. When not so received, notice to the publishers should be immediately given. Notice is also requested of mistakes of any kind, both in and out of the city, which may occur in consequence of the change which has taken place in the clerkship of the JOURNAL business matters. The publishers are compelled to place in the hands of an attorney, for collection, quite a number of unsettled accounts which are found in the JOURNAL books.

PAMPHLETS RECEIVED.—A Sketch of the Early History of Practical Anatomy. Introductory Address to the Course of Lectures on Anatomy at the Philadelphia School of Anatomy, Tuesday, Oct. 11, 1870. By Wm. W. Keen, M.D., Lecturer on Anatomy and Operative Surgery, &c. Pp. 31.—Prescription and Clinic Record. Sixth Edition. New York: Wm. Wood & Co.—The Physician's Visiting List for 1871. Philadelphia: Lindsay & Blakiston.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending Nov. 12, 1870.

Cities and towns.	Total.	Prevalent Diseases: Consumption.	Pneumonia.	Typhoid Fever.
Boston . . .	104	17	11	6
Charlestown	10	3	1	0
Worcester .	16	1	0	0
Lowell . . .	13	1	0	1
Milford . . .	2	1	0	0
Chelsea . . .	2	0	0	0
Cambridge .	15	1	1	1
Salem	11	3	1	0
Lawrence . .	16	6	2	3
Springfield .	9	3	0	1
Lynn	8	1	0	1
Fitchburg . .	3	0	0	0
Taunton . .	9	2	0	1
Newburyport	6	2	0	0
Somerville . .	8	1	0	3
Fall River .	14	3	2	1
Holyoke. . .	13	2	1	0
	259	47	19	18

Holyoke reports one death from smallpox. From all the above-named places there are reported eleven deaths from croup and diphtheria, and nine from scarlet fever.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Nov. 12th, 104. Males, 54; females, 50. Accident, 5—apoplexy, 7—bronchitis, 1—inflammation of the brain, 1—disease of the brain, 1—cancer, 2—consumption, 18—convulsions, 6—croup, 2—debility, 2—diarrhœa, 3—diphtheria, 2—dropsy 2—exhaustion, 1—scarlet fever, 2—typhoid fever, 6—fever, 1—disease of heart, 6—hæmorrhage, 1—intemperance, 1—jaundice, 1—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 9—marasmus, 2—old age, 4—ovarian disease, 1—paralysis, 2—peritonitis, 1—puerperal disease, 1—rheumatism, 1—suicide, 1—syphilis, 1—unknown, 3.

Under 5 years of age, 25—between 5 and 20 years, 8—between 20 and 40 years, 29—between 40 and 60 years, 22—above 60 years, 20. Born in the United States, 61—Ireland, 29—other places, 14.